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PTO/SB/21 (09-04)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                        |
|------------------------|------------------------|
| Application Number     | 10/809,345-Conf. #7564 |
| Filing Date            | March 26, 2004         |
| First Named Inventor   | Jihong ZHOU            |
| Art Unit               | 1725                   |
| Examiner Name          | C. A. Johnson          |
| Attorney Docket Number | 0789-0183PUS1          |

## ENCLOSURES (Check all that apply)

- |                                                                           |                                                                                         |                                                                                         |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                                     | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input type="checkbox"/> Petition                                                       | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information                                        |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter                                                  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer                                            | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund                                             | Return Receipt Postcard                                                                 |
| <input checked="" type="checkbox"/> Information Disclosure Statement      | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Check in the amount of \$180.00                                                         |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD                                          |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | Remarks                                                                                 |                                                                                         |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                         |                                                                                         |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                                      |          |        |
|--------------|--------------------------------------|----------|--------|
| Firm Name    | BIRCH, STEWART, KOLASCH & BIRCH, LLP |          |        |
| Signature    | <i>James M. Slattery</i>             |          |        |
| Printed name | James M. Slattery                    |          |        |
| Date         | October 26, 2005                     | Reg. No. | 28,380 |

*NS*



|                                                                                                                   |  |                          |                |
|-------------------------------------------------------------------------------------------------------------------|--|--------------------------|----------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2005</b>                                                                      |  | Application Number       | 10/809,345     |
|                                                                                                                   |  | Filing Date              | March 26, 2004 |
|                                                                                                                   |  | First Named Inventor     | Jihong ZHOU    |
|                                                                                                                   |  | Examiner Name            | C. A. Johnson  |
|                                                                                                                   |  | Art Unit                 | 1725           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Attorney Docket No.      | 0789-0183PUS1  |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                                                                    |  | <b>(\$)</b>              | <b>180.00</b>  |

**METHOD OF PAYMENT** (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                      |                     |                 |                      |                                  |                 |                      |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 19                   | - 20 =              | x               | =                    |                                  |                 |                      |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |                 |                      |
| 1                    | - 3 =               | x               | =                    |                                  |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |                                                         |                                |                      |
|---------------------|---------------------|---------------------------------------------------------|--------------------------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> |
|                     | - 100 =             | /50                                                     | (round up to a whole number) x | =                    |

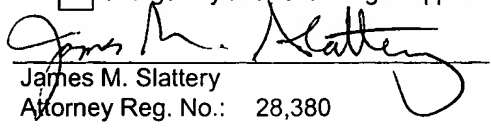
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

|                     |                   |                                   |                  |
|---------------------|-------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                   |                                   |                  |
| Signature           |                   | Registration No. (Attorney/Agent) | 28,380           |
| Name (Print/Type)   | James M. Slattery | Date                              | October 26, 2005 |



| AMENDMENT TRANSMITTAL LETTER                                                                                                                                                                                                                                          |                                           |                                         |                                   | Docket No.<br>0789-0183PUS1    |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|-----------------------------------|--------------------------------|------|
| Application No.<br>10/809,345-Conf. #7564                                                                                                                                                                                                                             |                                           | Filing Date<br>March 26, 2004           |                                   | Examiner<br>C. A. Johnson      |      |
| Art Unit<br>1725                                                                                                                                                                                                                                                      |                                           |                                         |                                   |                                |      |
| Applicant(s): Jihong ZHOU                                                                                                                                                                                                                                             |                                           |                                         |                                   |                                |      |
| Invention: Y-ZEOLITE-CONTAINING COMPOSITE MATERIAL AND A PROCESS FOR PREPARING THE SAME                                                                                                                                                                               |                                           |                                         |                                   |                                |      |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b><br><br>Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below. |                                           |                                         |                                   |                                |      |
| <b>CLAIMS AS AMENDED</b>                                                                                                                                                                                                                                              |                                           |                                         |                                   |                                |      |
|                                                                                                                                                                                                                                                                       | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate                           |      |
| Total Claims                                                                                                                                                                                                                                                          | 19                                        | - 20 =                                  | 0                                 | x                              | 0.00 |
| Independent<br>Claims                                                                                                                                                                                                                                                 | 1                                         | - 3 =                                   | 0                                 | x                              | 0.00 |
| Multiple Dependent Claims (check if applicable)                                                                                                                                                                                                                       |                                           |                                         |                                   | <input type="checkbox"/>       |      |
| Other fee (please specify):                                                                                                                                                                                                                                           |                                           |                                         |                                   |                                |      |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                                                                                                                                                                                                                       |                                           |                                         |                                   | <b>0.00</b>                    |      |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity                                                                                                                                                                                |                                           |                                         |                                   |                                |      |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.                                                                                                                                                                                 |                                           |                                         |                                   |                                |      |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.                                                                                                                            |                                           |                                         |                                   |                                |      |
| <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.                                                                                                                                                                       |                                           |                                         |                                   |                                |      |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                           |                                           |                                         |                                   |                                |      |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed.                                                                      |                                           |                                         |                                   |                                |      |
| <input checked="" type="checkbox"/> Credit any overpayment.                                                                                                                                                                                                           |                                           |                                         |                                   |                                |      |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.                                                                                                                                  |                                           |                                         |                                   |                                |      |
| <br>James M. Slattery<br>Attorney Reg. No.: 28,380                                                                                                                                 |                                           |                                         |                                   | Dated: <u>October 26, 2005</u> |      |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000                                                                                                                  |                                           |                                         |                                   |                                |      |

